

# DIVISION OF MOTOR VEHICLES

## \*\*CHANGE OF ADDRESS NOTICE\*\*

**NOTICE** *The LAW requires YOU to notify the DIVISION OF MOTOR VEHICLES within 10 DAYS of any change of address.*

**BE SURE TO CHANGE ADDRESS ON YOUR LICENSE AND REGISTRATION**

LICENSE NUMBER	REGISTRATION		HANDICAP PLATE	DATE OF BIRTH		
	REG. TYPE	NUMBER	REGISTRATION NUMBER	MONTH	DAY	YEAR

<b>PLEASE PRINT</b>	▶	FIRST NAME	MIDDLE NAME	LAST NAME
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IF REGISTRATION IN NAME OF COMPANY OR CORPORATION	PLEASE PRINT CORP. NAME AS IT APPEARS ON REGISTRATION
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<b>RESIDENCE ADDRESS</b>	▶	STREET	CITY OR TOWN	ZIP CODE
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<b>MAILING ADDRESS</b>	▶	STREET	CITY OR TOWN	ZIP CODE
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DATE RECEIVED

MONTH	DAY	YEAR



SIGNATURE IN FULL ( DO NOT PRINT )

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PLACE  
STAMP  
HERE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DIVISION OF MOTOR VEHICLES  
286 Main Street  
Pawtucket, RI 02860